

**UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA**

Jason Leopold and BuzzFeed Inc.

*Plaintiff*

v.

U.S. Department of Justice, et. al.

*Defendant*

Civil Action No. 1:19-cv-00957

**SUMMONS IN A CIVIL ACTION**

To: *(Defendant's name and address)*

DOJ Office of Attorney General  
950 Pennsylvania Ave, NW  
Washington, DC 20530

A lawsuit has been filed against you.

Within 30 days after service of this summons on you (not counting the day you received it) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Matthew V. Topic  
Loevy & Loevy  
311 N. Aberdeen St., 3rd Fl.  
Chicago, IL 60607

If you fail to respond, judgment by default may be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



ANGELA D. CAESAR, CLERK OF COURT

Date: 04/05/2019

/s/ Simone Bledsoe

Signature of Clerk or Deputy Clerk

Civil Action No. 1:19-cv-00957

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) DOJ Office of Attorney General  
was received by me on (date) 4/5/19.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
on (date) \_\_\_\_\_; or


☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): I served the summons via USPS Certified Mail, Return Receipt Requested, Article No. 7018 1830 0000 4325 8312.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 4/8/19

  
Server's signature  
Blake D. Bunting, paralegal  
Printed name and title  
Loeny + Loeny  
311 N. Aberdeen St., 3rd Fl.  
Chicago, IL 60607  
Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><b>X</b></p>																
<p>1. Article Addressed to:</p> <p><i>DOT Office of Attorney General</i> <i>950 Pennsylvania Ave NW</i> <i>Washington, DC 20530</i></p>	<p>B. Received by (Printed Name) <i>John Doe</i> C. Date of Delivery</p>																
<p>9590 9402 3277 7196 8406 31</p>	<p>D. Is delivery address different from item label? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><b>APR 15 2019</b></p>																
<p>2. Article Number (Transfer from service label)</p> <p><b>7018 1830 0000 4325 8312</b></p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (if \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (if \$500)	
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PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt